Improving the Health of Transgender People: Transgender Medical Education in Arizona

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For many HIV health care providers and health professions students, there is often a fundamental knowledge deficit and misunderstanding of who transgender people are and what their health care needs may be. The word *transgender* refers to individuals with gender identity that differs from their biological (or anatomic) sex (Vancouver Coastal Health, 2009a). Biological sex is most commonly assigned at birth based upon visualization of the external genitalia. In contrast, gender is personally and culturally constructed based upon an individual's internal sense of being feminine or masculine (Case, Stewart, & Tittsworth, 2009).

Transgender people may self-identify in a variety of ways; therefore, allowance of patients' self-identification is important, and appropriate language use is crucial to building therapeutic relationships with transgender patients. Commonly used terms are *male-to-female* (MTF) and *female-to-male* (FTM) transgender persons (Lurie, 2005). Other common terms include *trans man* for FTM persons and *trans woman* for MTF persons, as well as the term *trans* to describe transgender people in general.

Transition is a process by which a person progresses from being predominantly perceived as one gender to being predominantly perceived as another gender. For persons with more androgynous gender expressions, transition can be accomplished by doing nothing more than changing the preferred name and pronoun; although for most people, transitioning occurs through the use of hormones and/or surgery or through other body modifications. The term *transsexual* is often medically used to describe a transgender individual who has sought formal or informal medical intervention for transition or change in gender identity.

No national population-based studies exist for determining the number of transgender-identified people in the United States. Many population estimates are based on the *Diagnostic and Statistical Manual* criteria of transsexualism or gender identity disorder, which gives estimates of 1 in every 30,000 natal males and 1 in every 100,000 natal females (American Psychiatric Association, 2000). Data from gender identity specialty clinics in the Netherlands suggested that 1 in every 11,900 natal males and 1 in every 30,400 natal females are transgender (van Kesteren, Gooren, & Megens, 1996).

It is also impossible to determine actual HIV seroprevalence in transgender people in the United States because they are not routinely identified in national statistics. Data extrapolated from needs assessments and behavioral risk surveys have shown that HIV prevalence rates range from 19% to 35% in MTFs in cities across the country to 68% in MTF sex workers (Clements-Nolle, Marx, Guzman, & Katz, 2001; Kenagy, 2002; Simon, Reback, & Bemis, 2000; Xavier, 2000). Although FTM HIV seroprevalence has been less often examined, Clements-Nolle

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et al. (2001) reported an HIV prevalence rate of 2% for this group. The National Coalition for LGBT (Lesbian, Gay, Bisexual, Transgender) Health, (2004) and several other researchers (Nemoto, Operario, Keatley, Han, & Soma, 2004; Xavier, 2000) have identified important HIV risk factors for transgender communities. These include culturally inappropriate HIV prevention methods, lack of regular contact with health care providers, social stigma, lack of health insurance, and poverty. Other identified risk factors for HIV infection include lack of access to transgender-specific health care, which often leads to self-medication with street hormones and injection risks associated with the injection of nonprescribed hormones, silicone, and/or drugs. Some transgender people participate in "survival sex work" to obtain money, food, or shelter, a practice often associated with unprotected sex and substance abuse (Clements-Nolle et al., 2001; Nemoto et al., 2004).

Improvement in self-esteem for transgender people may be a function of achieving harmony between physical status and gender identity through access to transgender care services, usually hormonal therapy to facilitate transitioning (Bockting, Knudson, & Goldberg, 2006). In the care of HIV-infected transgender persons, it is important to remember that hormones may be started at any stage of HIV infection and that discontinuing hormone therapy is not warranted at any stage of HIV infection (Transgender Health Services Working Group, 2007).

Primary care issues such as chronic disease management and cancer screenings continue to be important as part of a comprehensive care strategy for transgender patients (Mayer et al., 2008). Several health care organizations have developed their own local transgender health protocols for both working with individuals who are starting transition and for those who simply require medical monitoring. These resources are available via the Internet (Tom Waddell Health Center, 2001; World Professional Association for Transgender Health, 2001). Excellent comprehensive reviews of the literature and creation of subsequent guidelines for transgender-specific and general health concerns of trans men and trans women are also available (Feldman & Goldberg, 2007; Vancouver Coastal Health, 2009b).

Clinical advocacy for transgender patients is also an important role for health care professionals. It is not unusual for transgender patients to ask their health care providers to intervene and interact with hospitals, hospices, residential treatment facilities, homeless shelters, schools, or government entities on their behalf. Depending on whether a patient is currently transitioning or not, providers may be asked to provide documentation to assist the patient in changing records with respect to name and gender. The Gay and Lesbian Medical Association (2006) recommended that health care staff be trained to create clinical environments that are welcoming to transgender patients. Intake forms should allow for the diversity of transgender identities by having boxes for both MTF and FTM. A posted nondiscrimination statement, which explicitly states that equal care will be provided to a wide variety of patients including people who identify as transgender is also recommended (Gay and Lesbian Medical Association, 2006). This statement should include a statement that all patients will be treated with respect and provided high quality care, regardless of gender, gender identity, race, ethnicity, sexual orientation, or religion.

Discrimination in patient care for transgender people has been well-documented in the needs assessment literature, although there is little in the literature about provider attitudes and behavior toward transgender people (Clements-Nolle et al., 2001; Lurie, 2005). Although the needs of transgender people are often distinct from those of lesbian, gay, and bisexual people, it is likely that discriminatory provider attitudes would be similar (Dean et al., 2000). In response to discriminatory care practices, professional health care organizations have developed antidiscrimination statements. The American Nurses Association's (2005) *Code of Ethics for Nurses with Interpretive Statements* prohibits discriminatory practice in nursing and includes practicing compassion and respect for the "inherent worth, dignity, and human rights of every individual." The American Medical Association's (AMA's) *Policy Regarding Sexual Orientation* (Section E-10.05 Potential Patients) asserts that "Physicians cannot refuse to care for patients based on race, gender, sexual orientation, gender identity or any other criteria that would constitute invidious discrimination" (AMA, 2009). In addition, the AMA House of Delegates made the

recommendation that transgender medical services be made available and covered by insurers (AMA House of Delegates, 2008). Although it is promising that these organizations have advocated for inclusive and respectful care for all, the development of inclusive curricula for health professions students and practicing nurses and physicians has been minimal at best.

There has been a call for enhanced transgender care inclusion in health care education by community and advocacy groups as well as professional medical societies. In 2007, the Association of American Medical Colleges (2007) published a landmark position statement, which recommended the creation of policies that explicitly support LGBT medical students and patients and to reflect the inclusion of comprehensive LGBT health care in undergraduate medical curricula. One study reported that the amount of dedicated instruction time for any LGBT-related content in U.S. medical schools was 3.5 hours of instruction in the 4 years of medical school (Wallick, Cambre, & Townsend, 1992). Results from a more recent study have indicated a positive change in knowledge and beliefs among medical students who have been exposed to LGBT-related course content of limited duration (Kelley, Chou, Dibble, & Robertson, 2008). However, there is little literature that describes how to implement this material in health professions education, particularly with respect to transgender patient care.

This gap is not unique to medical education. Results from a study by Corliss, Shankle, and Moyer (2007) have indicated that less than 9% of U.S. public health schools offer course content in LGBT health, with the exclusion of HIV content. There is evidence, however, that other health professions are examining the inclusion of transgender care in curricula, including social work (McPhail, 2008) and clinical psychology (Case et al., 2009).

It must be noted that research on transgender health is still in the infancy stage, and few large-scale prospective studies exist. Therefore, the development of a curriculum about the care of transgender people remains a novel exploration based on the experience of practitioners who care for transgender people, the input of transgender people, and basic health education theory.

Transgender Program Development

Tucson, Arizona is home to vibrant and organized transgender communities. These communities and their allies have advocated for transgender inclusion in the workplace, legal protections, and improvements in health care. Over the past several years, the authors have identified a need in the community to improve transgender health care education. Subsequently, they have worked to develop several strategies, including (a) mandatory undergraduate medical school curricular inclusion, (b) faculty development in the area of transgender care, and (c) ongoing continuing education sessions for practicing providers in a variety of health care disciplines.

Although few medical schools in the United States have curricular time dedicated to transgender health, the Arizona AIDS Education and Training Center (AETC) and the University of Arizona College of Medicine have collaborated with the Southern Arizona Gender Alliance and Wingspan (i.e., Southern Arizona's LGBT Community Center) to create an educational environment in which transgender health can be openly taught and discussed. At the University of Arizona College of Medicine, in addition to the dedicated hour of instruction on the care of lesbian, gay, and bisexual people, there is a dedicated hour of curricular time in the Life Cycle instruction block for second year medical students devoted exclusively to transgender issues. The authors, who provide the instruction, frame the discussion about caring for transgender people with the expectation that all students must have some level of knowledge about caring for transgender people. Learning objectives for this educational session are to

1. explain biologic sex, sexual orientation, gender expression, and gender identity,
2. explain the terms *transgender*, *transsexual*, *MTF*, *FTM*, and *transition*,
3. explain how societal discrimination and medical bias contribute to transgender health disparities,
4. describe unique care needs and health risks, including HIV infection, of transgender men and women, and
5. describe five examples of how to provide culturally responsive care to transgender patients.

This interactive lecture is cotaught by a transgender physician faculty member and a physician faculty member who has a special interest in transgender care. Formal quantitative course evaluations have suggested that students would like the general curriculum to include more transgender as well as lesbian-, gay-, and bisexual-identified patients in case-based instruction as well as in other lecture and practicum materials. However, clinical and basic science faculty often do not have the knowledge needed to address issues of transgender care with students, and this deficit was a precipitating factor that led to the development of a required 1-hour faculty development session on issues of transgender people.

Providing transgender education for health professions students is an imperative first step in developing culturally responsive health professionals. However, practicing health professionals have little formal education about transgender issues, which presented another opportunity for program development. The Pacific AIDS Education and Training Center (PAETC) identified transgender health as a crucial issue based on the disproportionate rates of HIV infection in some transgender communities and the work of Lurie (2005), who recommended the importance of training HIV care providers in transgender care.

The Arizona AETC is a local performance site of the PAETC, and the authors' faculty has interest in improving trans health care in Arizona and along the U.S.-Mexico border. The authors created transgender health training materials based on their clinical and advocacy experiences and developed education modules for a variety of HIV care providers. Introductory trainings were usually 1 hour in length and included basic information similar to content that is covered during medical student trainings.

In an effort to further increase the pool of providers willing to and capable of providing more advanced clinical care to transgender populations, the authors developed a 4-hour comprehensive training module for providers. Providers who were invited to this training were identified through a community-based survey as having some level of interest in care of transgender people living in Southern Arizona. The training was conducted at the University of Arizona College of Medicine, and participants were awarded continuing education credits for their participation. This program was titled, *Transgender Medicine: Caring for Our Community*, and sought to develop a transgender care network. The planning group had expertise in medical education, transgender health care, psychotherapy, HIV care, and patient advocacy. The course was taught by three experts who were associated with the Arizona AETC, two of whom identified themselves as transgender. The 10 participants included registered nurses, physician assistants, family and internal medicine physicians, an endocrinologist, a pharmacist, and an HIV infectious disease specialist. Learning objectives stated that at the conclusion of the session, participants would be able to

1. describe terminology used within and about transgender populations,
2. recognize that transgender people are medically underserved and list barriers to their care,
3. explain the role of mental health providers in the care of transgender people,
4. review transgender-specific health and medical issues,
5. review primary care guidelines for trans-identified patients,
6. understand the importance of clinical advocacy,
7. discuss the clinical logistics of caring for gender-diverse people, and
8. identify relevant local and Internet resources that address transgender health care.

Participant self-assessments were completed with queries about participant level of confidence of knowledge in six areas. All participants increased their levels of confidence in working with transgender patients and stated that they would recommend the workshop to their professional colleagues. Almost three fourths of the participants requested assistance from the sponsoring agencies regarding ways to make their practices more welcoming to transgender people. The authors reported that identification of provider advocates, or clinicians interested in assuring quality care delivered in a nonjudgmental fashion to transgender men and women, has been useful in engaging providers in educational formats.

Through the intensive workshop and other trainings, the authors have started to build a transgender care network with community providers having the skills, resources, and connections to expert providers with whom they can consult. In addition to the providers listed above, the authors have trained psychologists, psychiatrists, social workers, other HIV care specialists, substance abuse personnel, pharmacists, registered nurses, advanced practice nurses, primary care physicians, and medical residents throughout the state of Arizona for the past 5 years. These providers have worked in diverse settings including Veterans Administration health facilities, community health centers, Indian Health Service and other clinics serving Native Americans, public health departments, correctional facilities, private medical practices, and academia.

Summary

Nurses, physicians, and other health professionals need the skills to respectfully provide culturally appropriate care for all patients. Although the drive to produce an increase in cultural competence has often addressed racial, ethnic, and sexual orientation minorities, the special differences and unique needs of transgender patients are rarely taught in professional school curricula. Having provider advocates has been extremely helpful in the development of materials and education on transgender health issues. Providers from the training serve as role models and are available to serve as consultants and mentors to both students and peers. Having provider advocates role model comfort with and necessary skills in working with trans people personifies the professionalism described by statements of inclusion by nursing, medical, and other health care professional associations and helps assure other providers that they too can care for these patients. It is likely that in health professions schools or professional communities across the country, similar provider advocates could be helpful in local program development about transgender care.

Developing new providers to care for transgender patients will require curricular enhancement, something that does not require an excessive amount of curricular time but may require faculty development in the area of transgender care. Likewise, practicing providers may wish to improve their skills or increase their ability to care for transgender patients in their practices. Experiences from Arizona indicate that brief education endeavors can help expand the skills and attitudes of both students and practicing health care professionals. A multifaceted approach to building provider capacity in respectful and competent transgender health care helps produce a transgender care network that will improve the quality of health care for transgender patients and communities.

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